MAXIMUS Federal Services

Case Number:	CM14-0089590		
Date Assigned:	09/10/2014	Date of Injury:	01/19/1988
Decision Date:	11/13/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 19, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; opioid therapy; unspecified amounts of physical therapy; and two prior epidural steroid injections. In a Utilization Review Report dated May 21, 2014, the claims administrator denied a request for a third lumbar epidural injection.The applicant's attorney subsequently appealed. Much of the information on file comprised of historical Utilization Review Reports. In an April 14, 2014 Utilization Review Report, it was suggested that the applicant was no longer working as a baker at [redacted]. It was suggested that the applicant was using Norco, Soma, Valium, Motrin, and Prilosec, however. The remainder of the file was surveyed. It did not appear that any clinical progress notes were incorporated into the file, including the May 19, 2014 RFA form on which the article at issue was seemingly sought.The applicant's attorney subsequently appealed.Much of the information on file comprised of historical Utilization Review Reports. In an April 14, 2014 Utilization Review Report, it was suggested that the applicant was no longer working as a baker at [redacted]. It was suggested that the applicant was using Norco, Soma, Valium, Motrin, and Prilosec, however.The remainder of the file was surveyed. It did not appear that any clinical progress notes were incorporated into the file, including the May 19, 2014 RFA form on which the article at issue was seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Third lumbar spine epidural based steroid therapeutic pain management procedure with epidurogram with procedure modification: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is seemingly off of work. Two prior epidural steroid injections, furthermore, failed to curtail the applicant's dependence on various opioid and non-opioid medications, including Norco, Soma, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS, despite the two prior epidural injections. Therefore, the request for a repeat epidural block is not medically necessary.